Manitoba

Automobile Injury Compensation Appeal Commission

IN THE MATTER OF an Appeal by [the Appellant]
AICAC File No.: AC-14-052

PANEL:	**Pamela Reilly, Chairperson** **Linda Newton** **Sandra Oakley**
APPEARANCES:	**The Appellant, [text deleted], appeared on her own behalf;** **Manitoba Public Insurance Corporation ('MPIC') was represented by Anthony Lafontaine Guerra.**
HEARING DATES:	**February 4, 5, 8 & 10, 2021**
ISSUE(S):	**Whether the Appellant's accident-related injuries prevented her from working at her determined employment as a bartender.**
RELEVANT SECTIONS:	**Sections 70(1), 85, 86, 110(1)(e), 111(1) of The Manitoba Public Insurance Corporation Act ('MPIC Act')**

AICAC NOTE: THIS DECISION HAS BEEN EDITED TO PROTECT THE APPELLANT'S PRIVACY AND TO KEEP PERSONAL INFORMATION CONFIDENTIAL. REFERENCES TO THE APPELLANT'S PERSONAL HEALTH INFORMATION AND OTHER PERSONAL, IDENTIFYING INFORMATION HAVE BEEN REMOVED.

Reasons For Decision

Background:

On October 24, 2009, another driver failed to stop at a stop sign and struck the Appellant's car on the rear passenger side ("the MVA"). The Appellant's [child] and friend were in the back seat. The Appellant submitted a claim for Personal Injury Protection Plan ("PIPP") and MPIC paid her Income Replacement Indemnity ("IRI") benefits.

By decision dated June 28, 2010, MPIC terminated the Appellant's IRI benefits effective June 25, 2010, based upon a Physiotherapy Discharge Report. MPIC concluded that while the Appellant had some limitations with her right arm, the physiotherapist did not recommend reduced hours or reduced workdays. The Appellant's employer had also confirmed that full-time work was available. Therefore, the Appellant was capable of earning her pre-MVA gross yearly earned income and her entitlement ended pursuant to MPIC Act Section 110(1)(e). The Appellant advised MPIC that her pain increased if she worked full-time, but she did not appeal this decision.

The Appellant continued to seek medical help for her ongoing neck and shoulder pain by consulting with various specialists and doctors who obtained imaging results of her shoulder and neck. She worked various jobs, either part-time or casual, at modified duties until approximately April 3, 2011. She requested resumption of her IRI benefits. She had sustained other injuries both pre and post-MVA.

Various reports by MPIC's Health Care Services (HCS) consultant concluded that the Appellant suffered Whiplash Associated Disorder, Grade 2 (WAD 2) with chronic pain caused by the MVA. A Functional Capacity Evaluation (FCE) dated July 18, 2011 stated that the Appellant met the medium strength, physical demand levels for the occupations of Food and Beverage Servers and Bartenders, according to the National Occupational Classification (NOC) descriptions supplied by MPIC. Therefore, the FCE concluded the Appellant was able to work full-time.

The HCS consultant concluded that the Appellant was capable of performing her pre-MVA duties. On December 9, 2013, the case manager's decision was upheld on review, which concluded that the Appellant's accident related injuries did not preclude her from holding her determined employment as a bartender. The Appellant appealed that decision to the Commission.

Issue:

Did the Appellant's accident-related injuries prevent her from working her determined employment as a bartender?

Decision:

The panel finds that the MVA caused injuries to the Appellant's right neck and shoulder musculature that prevented her from performing her duties as a bartender. The panel grants the appeal and rescinds the Internal Review Decision (IRD) dated December 9, 2013.

The panel refers the matter back to MPIC and directs that MPIC assign a Case Manager to re-open the Appellant's file and determine her IRI benefits from April 10, 2011 to October 1, 2017 based upon her determined employment as a bartender. The panel encourages the Appellant to investigate MPIC PIPP benefits for remote counselling as suggested by [sports medicine physician].

Appellant testimony and documents:

The Appellant and her family moved to [BC] in approximately July 2017 and the Appellant is employed full-time with the [charity organization] as its Community Ministries/Family Services Co-ordinator. The Appellant initially worked casual/on-call hours for the [charity organization] [store] until the organization recognized her initiative in starting a children's lunch program for two schools, and requested that she temporarily work with the volunteers to run its food bank and soup kitchen. This quickly turned into a full-time position, which led to her current position in approximately 2019.

As Coordinator, the Appellant's duties are supervisory and clerical, which involve scheduling and task assignment of employees and volunteers. She continues to manage the school lunch programs for both weekday and weekend lunches. She said her 20-year experience in the restaurant industry enables her to operate a feeding trailer for up to 2000 people per day. The Appellant also holds eight Certificates for National Disaster Training and therefore her scheduling duties will include coordinating support services for families impacted by natural disaster events. The Appellant has one semester left to complete her two-year Certificate in Not-for-Profit Management from [university]. She testified, "I love my position and being able to work full-time is huge for me."

The Appellant described the Saturday, October 2009 MVA. She was driving her [child] and her friend to a morning girl-guide event. The girls were in the back seat. After pulling away from a stop sign, the Appellant's car was t-boned by a car that failed to stop at the intersection stop sign. The Appellant believed that the other driver did not attempt to stop and therefore struck her vehicle at top speed.

The driver struck the right-rear passenger side of the Appellant's car, spinning it 180 degrees until it came to rest facing the opposite direction. The collision caused the air bags to deploy and broke the rear axle. Just before the moment of impact, the Appellant testified that she reached her right arm behind her, between the bucket seats to try to brace her [child]. This was the position of the Appellant's arm at the time of impact, which she said, pulled on her right shoulder and neck.

The Appellant and her [child]'s friend were able to exit the car. The Appellant's [child] appeared awake but non-responsive. The Appellant said her "right arm would not work properly" so she was not able to lift her [child] from the car. An ambulance took the Appellant and the children to the hospital. She said the emergency physician told the Appellant that her [child] suffered a grade 3-4 concussion.

The Appellant said that during the ambulance ride her right side hurt. At the hospital, she recalled complaining about a bad headache and sore right arm. She could not lay on her right side or use her shoulder. The doctor ordered x-rays of her right scapula and mid-back and prescribed pain medication. In cross-examination, the Appellant confirmed the hospital record description of "right shoulder/scapula pain from [an] old injury, aggravated [by the MVA]" and a pain increase from 4/10 to 6/10. The doctor discharged her from the hospital. The Appellant left briefly to make a police report, but returned to the hospital to stay overnight with her injured [child].

Before her MVA injuries, the Appellant testified that she would hang drywall during the day and in the evening bartend for [hotel bar] in [Manitoba]. [Hotel] operates a beverage room with VLTS and adult entertainment, a lounge and roof top patio. The Appellant said she is [height] and holds a law enforcement certificate from [province] with a

“background in security”. In addition to bartending and serving, she said her employer hired her because she “could break up bar fights”.

In cross-examination, the Appellant confirmed a February 2008 workplace fall that caused fractures to both wrists, and resulted in a Workers Compensation claim that paid her income benefits. She agreed that [hotel bar] accommodated her injury and the WCB topped up her income. The Appellant thought she returned to [hotel bar] on modified duties approximately 15 weeks after her wrist fractures.

The Appellant believed that she had returned to full-time hours at [hotel bar] prior to Christmas 2008, while awaiting tendon surgery on her right wrist. She recalled she had wrist surgery while living in [text deleted], where she had moved prior to the start of the 2009 school year, but was unclear on the specific dates.

[Note: A January 19, 2010 letter from the Appellant’s MD, [text deleted], to the WCB stated, “[the Appellant] had that chronic right arm pain…she had a new car accident on Oct 24 09 and that affecting [sic] her right shoulder mobility and pain control.” [Appellant’s MD] did not mention pain or problems from wrist fractures. Also, an MPIC Inter-Departmental Memorandum dated Apr 27, 2010 states, “She was out of the work force February 2008 – August 2009 on a WCB claim for broken wrists…”]

While recovering from wrist surgery, the Appellant said that [hotel bar] refused to schedule shifts because her boss was intolerant of her inability to “lift anything” and be an “enforcer”. Therefore, prior to her October 2009 MVA she had found additional employment as a cook at [café] in [text deleted], MB. She said she was still employed at [hotel bar] and could be called back.

The file documentation determined that the Appellant started work at [café] as of November 4, 2009. She testified that her café duties involved “typical kitchen duties”, making salads and soups, peeling potatoes and washing dishes. She said that she had “a lot” of difficulty performing the café duties because of the low work areas so her employer accommodated her shoulder and neck injuries by providing a higher cutting and work surface.

The Appellant admitted that she was juggling her café hours with being home to care for her injured [child]. She testified her employment unexpectedly ended in January 2010 with her employer stating she needed “someone who could work five days a week and not run home to see her sick [child]” and wanted “someone who didn’t complain about having a headache and being sore”. The Appellant said she never achieved working the full 35-hour workweek and she had discussed with her doctor that reduced work hours were not working.

[Note: A January 19, 2010 referral letter from the Appellant’s MD, [text deleted] to [orthopaedic specialist] (orthopaedics) stated that the Appellant “has been experiencing a lot of pain and discomfort in the right shoulder… She does have numbness and tingling in the right arm that I think is coming from her neck but it is definitely worsened when abducting the arm and doing internal rotation.”]

In cross-examination the Appellant agreed with the November 25, 2009 physiotherapy record that she suffered right side shoulder and neck discomfort, some left side shoulder blade discomfort, increased headaches, decreased range of motion and difficulty sleeping. She followed her chiropractor’s recommendation of November 23rd that she have a cervical spine x-ray because her injury appeared more serious than whiplash. That x-ray and a CT scan of November 26th did not show any cervical spinal fractures. A November 30th x-ray showed a straightening of the normal lordosis (neck curve) “probably due to neck pain or muscle spasm” and a mild misalignment of the C1-C2, but no fractures. The Appellant testified that she did not recall whether she sustained a blow to her head but did recall that her sunglasses were broken in half because of the MVA.

The Appellant agreed with [Appellant’s MD #2]’s report that as of December 14, 2009 she displayed physical signs (among others) of left and right neck, shoulder and interscapular pain, limited right shoulder range of motion, right facial/jaw pain, cervical segmental dysfunction and sensory deficits in her right arm. [Note: The report also indicated contusions to both shoulders.] She reported symptoms of sleep disturbance, dizziness, impaired memory and anxiety/depression. A January 7, 2010 x-ray of her

shoulder reported a history of “MVA, decreased range of motion”, but no bone or joint abnormality.

After her employment ended at [café] in January 2010, the Appellant said she returned to work at [hotel bar] in the lounge. The Appellant testified that her wrists were now fine. During the winter, the lounge was only open part-time and the work involved bartending and cashing out the VLTs. However, when the weather warmed and the patio opened, [hotel bar] required her to carry full trays of food and drinks upstairs to the rooftop patio. She explained that these trays were heavy and demonstrated how she balanced a tray on her right hand, palm up, held at shoulder height or higher.

She testified that because her right shoulder and neck injury prevented her from carrying heavy trays, [hotel bar] never offered her full-time hours. Therefore, her steady employment with [hotel bar] ended again in approximately June or July 2010. In cross-examination, the Appellant confirmed that in January 2011 she worked at both [hotel bar] and [hotel #2] located across the street. She planned to work 30 hours per week at the [hotel #2] VLT lounge, comprised of daily shifts from 8:30 a.m. to 2:30 p.m. and then work evenings at [hotel bar] VLT lounge from 4-10 p.m. However, [hotel bar] required her to work a large banquet and the trays were too heavy for her to carry, so she quit. She thought she lasted at [hotel #2] until approximately April 2011 when she became unable to manage her duties during busy hockey game events.

In response to questions about [Appellant’s MD #2]’s February 2, 2011 letter to MPIC that stated she “was fired”, the Appellant explained this meant her employer telling her “we can’t give you shifts because we can’t accommodate you needing time off because I’m sore, can’t carry a tray, can’t do my job to the fullest.”

[Note: Additionally, [Appellant’s MD #2]’s letter documented, in part, that the Appellant “still has headaches and soreness…tender over right side neck and into shoulder. Tender anterior of right shoulder over pect [sic - pectoral] muscle head, right neck and shoulder tenderness. Tried to get pt [sic - patient] to put shoulders through FROM [full range of motion]…Can not elevate above shoulder level…I am suspecting that most of this complaint is stemming from the MVA.”]

The Appellant supplemented her income with casual work as a cashier at [grocery store] in [text deleted]. She said she was not able to unload heavy skids, unpack milk or do repetitive work such as operate the meat slicer. [Grocery store] lasted approximately eight weeks when the store management changed. Additionally, the Appellant worked casual hours for a friend at her combined business of [ice cream shop], [outlet store], and florist shop. She said this work involved making coffee, working the till and retrieving packages, which did not cause her problems. She believed that her last work outside the home was in October 2011, shortly before the birth of her son on November 17, 2011. The Appellant testified that her arm still "felt like a dead tree trunk hanging on [my] body" and because she was unable to lift her baby from his crib, she sometimes asked her [children] for help.

The Appellant testified that her "pain is not exaggerated." She noted that although a Functional Capacity Evaluation was completed July 18, 2011 to determine her capacity to work as a bartender/food and beverage server, no one tested her for the duties she actually carried out at [hotel bar]. She pointed out that her ability to complete a straight lift is quite distinct from being able to carry a heavy tray balanced on her right palm held at shoulder height. She also testified that when her right arm is outstretched she loses strength and stability.

She pointed out that after the MVA she fractured her left arm, which ultimately required tendon surgery. However, her left arm and shoulder has completely healed, which she demonstrated by lifting her arm above her head and rotating it in a circle. On her right side, she said that she continues to experience a stiff neck, referred pain from her injured neck to her right shoulder, muscle atrophy and weakness, as well as migraines. She testified that none of those injuries existed before the MVA and they have not changed or improved since the MVA.

In cross-examination, the Appellant re-affirmed that her casual hours at [ice cream shop] ranged from approximately November 2010 to October 2011 and her son was born November 17, 2011. She agreed that in approximately September 2012 she was offered a job as a dietary aide/cook at [personal care home], but said she did not accept because she would need to lift 20 pound pots of boiling water and her chiropractor and

doctor advised her that this would not be safe. She admitted there was no specific medical record to corroborate this.

[Note: The panel noted [Appellant's MD #2]'s March 18, 2010 letter to MPIC which stated, "Regarding [the Appellant] working; … I doubt that she could perform cooking tasks for 35 hours in a week. Her pain and movement restrictions can definitely pose a risk to herself and others in a kitchen. At this stage, I think the chores of cooking in a restaurant can be dtrimental (sic) to her condition."]

In response to a general question asking if she had any other employment, she offered that she worked at [restaurant] in [text deleted], MB from July 2016 to February 2017. Her duties involved cooking, payroll and inventory, and she "had to sit at a desk a lot."

MPIC counsel questioned the Appellant about her consultations with various doctors who investigated her chronic pain. She had good recall of many appointments and addressed written comments made by some physicians. In response to medical reports recommending medication to treat anxiety and depression, the Appellant said that she attended pain management clinics and understood that pain and anxiety can go hand in hand. She admitted she experienced anxiety and depression after the MVA, which she attributed more to guilt about her [child]'s injuries and her struggle to provide financially for her children.

In the spring and summer of 2017, she admitted there were a number of personal stressors that involved health issues with family members, including one death, as well as managing her [child]'s graduation and a planned move to B.C. The Appellant testified that stress may have increased her headaches but it did not affect the pain in her right shoulder.

In response to questions about why the Appellant did not tell her treating doctors about a subsequent fall on her right elbow, the Appellant explained, "I was not there about my elbow. I had it checked out…I wasn't hiding it. I didn't tell them about it because that's not why I was there. I've never hidden things…The pain was in my shoulder and my neck."

In response to questions about her consult with her chiropractor in April 2012, the Appellant reiterated that her complaints of headache, right neck pain and shoulder pain, ringing in ears and jaw pain were all complaints she had consistently reported since the MVA. She agreed that she twisted her knee during a fall for which she had a surgical repair and recovered. As she previously testified, she admitted falling and fracturing her left arm in February 2013 and pointed out that she was correct in realizing something more than a simple fracture was causing her left shoulder pain. Her perseverance in pursuing various specialists eventually led to arthroscopic surgery that relieved her left shoulder pain. Her left shoulder is now pain free and functional.

The Appellant agreed with the report of [pain specialist] of the [pain clinic] who documented myofascial trigger points in the Appellant's right neck, shoulder, and trapezius area. She testified she was also receiving injections from [text deleted] to alleviate pain. Since moving to BC, she has not followed up at a pain clinic because none are available in [text deleted]. She had attempted a follow-up with the surgeon who repaired her left shoulder and now practices in [text deleted], BC but, as the Appellant explained, this required either a 12 ½ hour return drive, or purchasing a $1,200.00 plane ticket, neither of which was feasible.

[Appellant's spouse]

[Text deleted] is the Appellant's spouse who is employed as an [engineer] with [railway company]. [Appellant's spouse] met the Appellant approximately 14 years ago when she was working at [hotel bar] in [text deleted], MB. He was aware that at the time, the Appellant worked as a VLT manager and bartender at two hospitality venues while also hanging drywall. He was impressed by her work ethic. He saw her lifting trays of drinks and food, as well as replacing kegs of beer. He described the Appellant as "hard working" and said she has experienced a "major adaptation" from her former capabilities to her current "pretty severe limitations" caused by her right shoulder pain.

[Appellant's spouse] testified that after the MVA, the Appellant could no longer manage household tasks such as cleaning, laundry or looking after the kids. He said the Appellant was in physical pain, which caused her lack of sleep. The Appellant changed from an independent, hard working individual to one who now struggled. [Appellant's

spouse]'s employment schedule caused him to be away quite a bit, which he changed so he could help out more at home.

[Appellant's spouse] testified that he observed the Appellant cope with her broken wrists, left shoulder and knee injury for which she sought appropriate treatment and recovered. He said that in contrast, the Appellant's right shoulder, neck and right bicep pain has been present and consistent since the MVA.

In cross-examination, [Appellant's spouse] corroborated the Appellant's testimony about her employment, their extended family health struggles, their children's schooling and their move to BC. [Appellant's spouse] also confirmed that long-term pain management is not available in [text deleted] and so treatment required travel to [text deleted], which was not feasible in light of his work schedule.

[Sports medicine physician]

[Sports medicine physician] testified on behalf of MPIC. MPIC counsel reviewed [sports medicine physician]'s curriculum vitae. [Sports medicine physician] obtained his Doctor of Medicine in 1984 and has been a consultant in Sports Medicine and Rehabilitation since 1992. Among other qualifications, he is a Sports Medicine Physician and Assistant Professor at the University of Manitoba, Faculty of Medicine, as well as an Adjunct Professor at the University of Winnipeg, Department of Kinesiology. The panel qualified [sports medicine physician] as a sports medicine and forensic document review expert.

[Sports medicine physician] testified that over the course of the Appellant's claim, MPIC had tasked him with in-depth reviews and analyses of the Appellant's medical documents, to provide written opinions about the Appellant's MVA injuries. In [sports medicine physician]'s opinion, the Appellant suffered a whiplash associated disorder, Grade 2 ("WAD 2"), associated with chronic pain caused by her MVA. Based upon his review of the Appellant's medical file, [sports medicine physician] concluded that the Appellant was able to perform her bartending job duties.

[Sports medicine physician] explained that the Appellant's file did not contain consistent documentation to support a diagnosis of concussion. He said that since 2017 medical standards state that if whiplash can account for the symptoms of both whiplash and

concussion (for example, headache, neck pain, dizziness, nausea or vomiting) then physicians should not consider a diagnosis of concussion.

[Sports medicine physician] confirmed the physiotherapist's diagnosis of whiplash, spasm and associated muscle strain without neurological involvement, based upon the Appellant's examination of November 19, 2009. He said that, despite other health care provider's diagnoses of concussion, the Appellant's diagnosis probably favoured whiplash and not concussion.

[Sports medicine physician] acknowledged the evidence that the Appellant placed her right arm behind her to brace her [child] at the time of impact saying, "I read that. It does support pain to the right shoulder." In commenting on the [hospital] emergency record immediately after the MVA, [sports medicine physician] confirmed the diagnosis of soft tissue injury. He agreed that the x-ray of the scapula did not reveal any trauma although it was "somewhat puzzling" that the x-ray did not involve the entire shoulder.

[Sports medicine physician] testified that the November 25, 2009 Initial Physiotherapy Report was important for his analysis because, in this time period, injuries have time to either develop or improve, which therefore provided a sense of their trajectory. The Report showed the Appellant "currently at work", which [sports medicine physician] found "favourable" in that the Appellant was able to perform her duties as a cook. He testified, "I assumed she was back at work without restrictions".

In response to a question about [Appellant's MD]'s January 19, 2010 letter, which stated the Appellant had "chronic right arm pain and also she had a new car accident on oct 24 09… affecting her right shoulder mobility and pain control", [sports medicine physician] replied that, in the context of the ambulance report, the Appellant had "a baseline of 4/10 and that pain was temporarily aggravated to 6/10. So, she had a pre-existing injury and that pain control changed after the MVA."

MPIC counsel reviewed medical reports that investigated a right rotator cuff tear as a potential cause for the Appellant's right shoulder pain. [Sports medicine physician] testified that while the imaging reports were inconclusive for tears or scar tissue he said,

“Clearly there is regional discomfort around the shoulder. You can’t rule out whether there’s obvious damage to the tendon…So, if you call it rotator cuff disease or impingement, you must solve the conundrum of what is the cause of pain in this region.

In response to questions about [neurologist]’s report dated February 23, 2010, [sports medicine physician] advised that [text deleted] (a neurologist) is a headache specialist. [Neurologist] reported that the MVA exacerbated “much of [the Appellant’s] pain”, which led [sports medicine physician] to comment that, “This establishes pre-accident shoulder pain and the MVA at most led to a permanent increase in that…but is not caused [by the MVA]”. [Sports medicine physician] confirmed that the trigger points [neurologist] found in the Appellant’s right shoulder and paraspinous cervical musculature was consistent with the whiplash diagnosis.

MPIC counsel referred [sports medicine physician] to the March 12, 2010 orthopaedic report of [orthopaedic specialist] that reported the Appellant’s ongoing right shoulder pain since the MVA. [Orthopaedic specialist] found the pain somewhat concerning “as it extends from the base of her occiput down the soft tissues of the neck into the [right] shoulder and down to and past the elbow” and recorded “4/5 strength to resisted external rotation.” [Sports medicine physician] questioned attributing the right shoulder pain to the MVA and he noted the reduced range of motion findings, which were inconsistent with prior physiotherapy reports. However, he commented that the findings of reduced strength would be consistent with either a rotator cuff problem or referred pain from the cervical spine.

[Sports medicine physician] explained that to fulfill his request to opine about the Appellant’s work ability, he suggested that MPIC obtain further information to address the inconsistent medical reporting. [Sports medicine physician] testified that a follow-up report from Focus Physiotherapy dated June 4, 2010 showed the Appellant had reduced range of motion and reduced right shoulder strength, but that she could return to work provided she restricted lifting her right arm over her head.

[Sports medicine physician] commented on the September 1, 2010 report of orthopaedic surgeon [orthopaedic surgeon] whom [sports medicine physician] described

as “primarily a neck surgeon…trying to sort this out.” With respect to the report, [sports medicine physician] emphasized that it is clear the Appellant is suffering. He testified the Appellant had a normal neurological exam but had a lot of tenderness around her neck musculature. The report did not provide a clear diagnosis. [Sports medicine physician] reiterated that further medical records documented that the Appellant had pain, which led to difficulties in the workplace. However, based upon the totality of the documents, he understood that the Appellant was working despite her pain impairment and therefore the impairment did not lead to disability.

MPIC counsel asked [sports medicine physician] about the April 13, 2011 report of [doctor] to whom [orthopaedic surgeon] had referred the Appellant. MPIC counsel pointed out that according to a [health centre] report, the Appellant had fallen on April 3, 2011 and injured her right elbow. Counsel asked [sports medicine physician] whether it would be important to reference that fall to [doctor]. [Sports medicine physician] replied, “It is equally important, if not more important that the patient had lengthy pain in her right shoulder.”

[Sports medicine physician] observed that [doctor]’s neurologic exam was consistent with [orthopaedic surgeon] and [doctor] opined that the Appellant’s shoulder pain was due to rotator cuff tendinopathy. However, [sports medicine physician] pointed out that normal shoulder MRI reports rendered the diagnosis of tendinopathy moot. Nonetheless, he said the Appellant’s “irritation or discomfort or signs” identified by [doctor] were not specific to rotator cuff disease and could document whiplash, as he had previously mentioned regarding [neurologist]’s assessment. [Doctor]’s report did not state a cause for the right shoulder pain. [Sports medicine physician] suggested that the April 3rd fall could account for the Appellant’s elbow pain (i.e. diagnosis of “tennis elbow”) which of course was not MVA-related.

MPIC counsel reviewed the reports of physiotherapist [text deleted] and compared her findings with those of [doctor] and [orthopaedic surgeon]. [Physiotherapist] documented wasting of the Appellant’s right pectoralis muscle (which [sports medicine physician] said could be consistent with damage to her muscle or arm) whereas [doctor] had indicated that muscle tone was normal. [Physiotherapist] suspected a brachial plexus

injury, however, [sports medicine physician] noted that [doctor]'s electrodiagnostic testing had ruled this out and he described some of [physiotherapist]'s findings as "outliers".

MPIC counsel reviewed the Functional Capacity Evaluation (the "FCE") dated July 18, 2011, which concluded that the Appellant demonstrated the medium strength ability required for both occupations of "Food and Beverage Server" and "Bartender". [Sports medicine physician] conceded that the Appellant's assertion, that the FCE did not test her real world work duties "may be true".

[Sports medicine physician] noted the inconsistencies in the Appellant's functioning when he compared the various medical reports which again highlighted the importance that MPIC obtain an objective FCE. He considered the objective functional evidence listed on page two of the FCE, which he found consistent with the Appellant's overall difficulty with her right arm, particularly when reaching overhead. This was also consistent with physiotherapist [text deleted]'s Therapy Discharge Report. In response to counsel's question about whether he would expect to see more improvement from a WAD 2 injury, [sports medicine physician] testified that 10% of victims have symptoms, including emotional issues, that persist so the Appellant's presentation was not unusual.

In response to questions about the Initial Chiropractic Report of [chiropractor] dated April 2, 2012, [sports medicine physician] testified that the reported shoulder and neck pain were consistent and related to the Appellant's whiplash injury. Given prior neurological findings, [sports medicine physician] did not consider [chiropractor]'s nerve findings MVA-related. When asked to compare the shoulder range of motion findings in [Appellant's MD #2]'s August 29, 2012 chart note ("ROM shoulders… Right side has some trouble with abduction…") with [chiropractor]'s September 19, 2013 letter ("Right shoulder… ROM within normal limits, although weak and tender to the touch") [sports medicine physician] replied, "the examination is not consistent between practitioners."

In response to questions about physiatrist [text deleted]'s report dated January 27, 2015 (that reported "…tenderness on palpation over the… posterior aspect of her right shoulder, right trapezius and levator scapular muscle…) [sports medicine physician]

testified that the diagnosis of myofascial pain syndrome and muscle tightness were associated with the MVA WAD 2 diagnosis. [Sports medicine physician] agreed with [physiatrist] that psychological counselling can help but pointed out that this did not mean there was no biological source for the pain.

[Sports medicine physician] commented on the report of orthopaedic surgeon [orthopaedic surgeon #2], dated April 1, 2016, which stated that the Appellant may proceed with activities at work as long as such activities did not aggravate her right shoulder symptoms, and she could modify her activities to avoid aggravation. [Sports medicine physician] pointed out that although [orthopaedic surgeon #2]'s weight restrictions were lower that what was stated in the FCE, the recommendation to work within her restrictions was generally consistent with other post-MVA reports.

MPIC counsel referred to the April 20, 2017 Pain Clinic report of [pain specialist]. [Sports medicine physician] acknowledged that [pain specialist] (similar to [physiatrist]) diagnosed "myofascial right-sided neck and shoulder pain," and referred the Appellant to a pain psychologist. [Pain specialist]'s report stated, "[The Appellant] did state that irritability and anger, as well as trying to come to the conclusion of her new reality and decreased functional ability, was difficult for her to realize." [Sports medicine physician] reiterated that care providers use the "bio-social approach" to treat both the medical and the social, meaning social "stressors that could influence the pain she is suffering from."

[Sports medicine physician] commented on [Appellant's MD #2]'s June 1, 2017 chart note that described "a lot of arm and neck pain. [The Appellant] Has been doing some home renovations but not a lot" and "has reduced ROM…" [Sports medicine physician] testified that the Appellant's reports of neck pain have been consistent. However, in relation to her right shoulder range of motion he said, "there's documentation of limited and then great [ROM]. So, it's not consistent with a probable disability."

MPIC counsel reviewed with [sports medicine physician] the various imaging results taken of the Appellant's neck. [Sports medicine physician] said that a 2011 report of minor disc herniation was not related to the Appellant's MVA. He confirmed that a 2013 MRI ruled out any neck fracture and the small disc osteophyte was likely not causally

related to the Appellant's pain experience or her MVA. Based upon the documentation on file, [sports medicine physician] concluded that the Appellant would have been able to resume normal work duties as a bartender, within any restrictions placed upon her.

Cross-exam [sports medicine physician]

In response to the Appellant's question, [sports medicine physician] agreed that it was possible that returning to work and resuming her duties made her symptoms worse.

The Appellant referred to her MVA diagnosis of WAD 2 and asked [sports medicine physician] if this injury can last for years. [Sports medicine physician] agreed that it could and reiterated that about 8-10% of individuals have chronic suffering after a whiplash associated disorder (WAD) and, while the majority recover, not everyone does. Further, "the people who do not recover are the ones we usually see."

The Appellant acknowledged [sports medicine physician]'s comment that psychological counselling would help. She referenced her consult with [pain specialist] at the [pain clinic] and her attempts at classes but unfortunately, her current living circumstances require a four-hour drive to access a pain clinic [i.e. [text deleted]]. She asked [sports medicine physician] for his opinion as to why she is still suffering from her pain. [Sports medicine physician] replied, as follows:

> It's quite clear right from the beginning that you've had this pain and it's probably related to the crash. That's clear in many of the people who have assessed you. Those aren't necessarily psychiatric illnesses. But they suggest there may be other aspects that may help you in dealing with your pain. **I've never said you're not suffering ongoing tenderness and myofascial pain. I think that's related to the compensable injuries…** in your population it's hard to make the pain go away. I don't think we can blame a specific bio-medical indicator. The WAD is a vague term. The studies don't show us which part is generating the pain. I acknowledge you are suffering. It doesn't mean you are psychologically unwell, it means there are psychological ways to deal with the pain. You may consider reaching out to your Case Manager to try a zoom meeting with a psychologist. They have techniques to make pain get better.

The Appellant asked if [sports medicine physician] believed that ongoing physiotherapy would help her. [Sports medicine physician] replied that physiotherapy offers

diminishing returns. That is, after 12 months, improvement flattens out significantly. Physiotherapy has not proven helpful once many years have passed, as in her case. He said that it was not probable that she would see a substantial change from physiotherapy now.

In response again to the question about whether the Appellant did more harm by attempting to work, [sports medicine physician] said that for WAD injuries the general medical evidence shows that individuals should perform their pre-accident occupational duties as much as possible. Therefore, he encourages a return to work as soon as possible. Further, staying out of work can cause depression. [Sports medicine physician] concluded by stating that he was impressed with the Appellant, whose file documented that she often tried to work during her impairments. He once again acknowledged and expressed sympathy for her suffering.

Appellant submission:

The Appellant provided a written submission. She pointed out that her various doctors have consistently diagnosed a WAD 2 injury with shoulder pain caused by her MVA. She submitted that MPIC has highlighted both her pre and post-MVA falls and resulting injuries (the wrist fractures, left arm fracture and torn knee meniscus), as well as her 2011 pregnancy as reasons for her inability to work. She denied that any of her other injuries have prevented her from working as a bartender. She pointed out that since her MVA, she has attempted a return to work on many occasions.

In response to MPIC's focus on the number of specialists and opinions she has sought to treat her neck and shoulder pain, the Appellant submitted that she knows her body and knows when something is not right. She had learned that diagnostic imaging does not always reveal the problem. Therefore, she persisted with consultations until she found a solution. In relation to her right wrist injury and her left shoulder injury, she submitted that her perseverance paid off because it resulted in surgical solutions that relieved her pain.

Since her MVA, her medical doctors have documented her symptoms of chronic neck pain, headaches/migraines, referral pain to her right shoulder, and weakness/numbness

in her right arm, loss of muscle tone, soft tissue damage and irritability/inability to handle day-to-day stressors. She has often covered the out of pocket expenses for her travel, medications, physiotherapy and chiropractic care in her pursuit of a solution for her pain. She submitted that after more than 11 years, she is still dealing with the same impairments that resulted from her MVA.

The Appellant submitted that her past employment as a bartender, banquet server or grocery clerk are all physically demanding jobs. Because of her MVA neck and shoulder injuries, she was unable to fulfill the duties that those jobs demanded. The Appellant is seeking IRI benefits based upon her determined employment as a bartender for the time period from April 10, 2011 to October 1, 2017, excluding the time period in 2011 for which she was eligible for maternity leave, and the time period in 2017 when she left her employment to care for her ill father-in-law.

MPIC submission:

MPIC counsel provided a written submission, which he reviewed for the panel. Counsel submitted that the onus is on the Appellant to prove her entitlement to PIPP IRI benefits on a balance or probabilities. To show her entitlement to IRI for the time period April 10, 2011 to October 1, 2017 she must prove that her MVA injuries prevented her from working at her determined employment as a bartender.

Counsel noted that MPIC classified the Appellant as a non-earner at the time of the MVA for the purposes of determining her IRI benefits. He reviewed the Appellant's work history and said that based upon the MPIC Act, MPIC determined the Appellant into the position of bartender for which she received IRI. Based upon the Physiotherapy Discharge Report of [physiotherapist #2], MPIC terminated her IRI benefits on June 25, 2010. Counsel submitted that following termination of her IRI benefits, the Appellant worked reduced duties at [hotel bar] (because she could not carry serving trays) as well as other casual or part-time jobs. Counsel submitted the Appellant "tolerated this employment" until April 2011. She does not seek IRI for the period prior to April 2011.

Counsel noted the Appellant's April 3, 2011 fall on ice that injured her right elbow (which was diagnosed as a soft tissue injury to her fight arm). The Appellant testified that she

returned to employment at both [hotel bar] and [hotel #2] where she worked until shortly before her April 25, 2011 birthday. However, the April 14, 2011 letter of physiotherapist Wendy Brownlie stated that the Appellant was "presently off work", and the Appellant's case manager made a file note dated May 3, 2011, which recorded the Appellant "off work now for about a month at the Physiotherapists & Doctors instructions." [The panel noted that counsel did not cross-examine the Appellant about this apparent discrepancy in the May 3, 2011 case manager file note.] Counsel also noted the May 7, 2011 case manager note in which the Appellant apparently stated she was not working because of the April 3, 2011 fall. [Note: The case manager note also says, in part: "[the Appellant] states her shoulder/arm was never healed from the MVA…[the Appellant] did get another job, but really was not back to her pre-accident state…"]

Counsel submitted that based upon the Appellant's request for additional IRI benefits, the case manager referred the Appellant for the Functional Capacity Evaluation (FCE). This July 2011 FCE concluded that the Appellant met the strength demands of both a Food and Beverage server as well as a Bartender. He submitted that the objective findings in the FCE contrasted with the subjective reporting in [Appellant's MD #2]'s September 12, 2013 letter which stated that the Appellant "was unable to return to her profession as bartender because she was unable to carry trays or lift heavy loads."

MPIC counsel noted that the case manager did not issue another decision confirming that MPIC would not resume IRI benefits. He submitted that the case manager correctly approached the Appellant's subsequent request for IRI benefits as a 'reconsideration' of the prior termination of IRI, as opposed to a "relapse" claim. Reconsideration was appropriate because the Appellant maintained that her MVA injuries have always prevented her from fully performing her work duties and MPIC did not receive new information to support a fresh decision.

Counsel questioned whether or not the Appellant had in fact stopped working as of April 2011. He referred to [Appellant's MD #2]'s chart note dated September 21, 2011 which recorded that the Appellant was "still working but mostly sitting, max 3 hours, have option to not go to work", which appeared consistent with the Appellant's testimony that she continued working at [ice cream shop] until sometime in October 2011. However,

the Appellant did not provide employment records to evidence her various work dates and therefore, there was no evidence of the Appellant's gross earnings between April 2011 and November 17, 2011 (the birth of her child) upon which to base entitlement to IRI benefits. Without this information, counsel submitted that the panel could not conclude that the Appellant was entitled to any IRI during this period. Similarly, counsel submitted that the panel must determine whether the Appellant received maternity benefits and for how long, which it cannot do because employment records were not provided.

MPIC counsel reviewed the Appellant's slip and fall in February 2013 which caused a left humerus fracture and right knee injury. He noted the ongoing investigations of her left shoulder complaints that culminated in surgical repair on May 29, 2015. He next referred to [orthopaedic surgeon #2]'s February 25, 2016 assessment, which stated the Appellant's right shoulder symptoms were "most in keeping with proximal biceps tendinitis"
[orthopaedic surgeon #2] could not comment on what the Appellant's right shoulder symptoms were soon after the MVA, but did indicate that the Appellant may proceed with restricted right shoulder activities that did not aggravate her symptoms.

Counsel reviewed the Appellant's testimony that she obtained employment as a cook in [text deleted], MB approximately six months after [orthopaedic surgeon #2]'s February 2016 report and worked until approximately February 2017 when she quit to care for her ill father-in-law. The Appellant and her family then moved to [BC] in approximately July 2017 where she obtained employment in October 2017.

MPIC counsel submitted that the issue is whether the Appellant's MVA injuries prevented her from working in her determined employment as a bartender. He referred to the Health Care Services (HCS) opinions of [sports medicine physician] that concluded the Appellant's MVA injuries did not prevent her from carrying out her bartender or food service duties. Although [sports medicine physician] concluded that the MVA probably caused the Appellant's chronic cervical spine pain, the medical records provided no specific diagnosis for the Appellant's right shoulder condition. He

concluded that subsequent diagnoses of right shoulder proximal biceps tendinosis/tendonitis could not be connected to the MVA.

MPIC counsel submitted that the Appellant had failed to prove, on a balance of probabilities, that the MVA-related injuries prevented her from working her determined employment as a bartender and therefore she was not entitled to further IRI benefits between April 10, 2011 and October 1, 2017.

In the alternative, MPIC counsel submitted that should the panel find that the Appellant was entitled to additional IRI benefits, then the panel must refer the matter back to MPIC case management to investigate what, if any, employment income the Appellant may have earned in this time period.

Issue:

The issue for the panel is whether the Appellant's MVA-related injuries prevented her from holding the 180 day determined employment as a bartender.

Legislation:

The relevant MPIC Act sections are as follows:

> **Definitions**
> **70(1)** In this Part,
>
> **"bodily injury caused by an automobile"** means any bodily injury caused by an automobile, by the use of an automobile, or by a load, including bodily injury caused by a trailer used with an automobile …
>
> **Entitlement to I.R.I. for first 180 days**
> **85(1)** A non-earner is entitled to an income replacement indemnity for any time during the 180 days after an accident that the following occurs as a result of the accident:
>
> (a) he or she is unable to hold an employment that he or she would have held during that period if the accident had not occurred;
>
> (b) he or she is deprived of a benefit under the *Employment Insurance Act* (Canada) to which he or she was entitled at the time of the accident.

Non-earner entitled to greater I.R.I.
85(2) During such time as a non-earner is entitled under both clauses (1)(a) and (b), he or she is entitled to whichever income replacement indemnity is the greater.

Basis for determining I.R.I. for non-earner
85(3) The corporation shall determine the income replacement indemnity for a non-earner on the following basis:

(a) under clause (1)(a), the gross income the non-earner would have earned from the employment;

(b) under clause (1)(b), the benefit that would have been paid to the non-earner.

Benefit under clause (1)(b) is part of gross income
85(4) For the purpose of section 112 (determination of net income), the gross income of a non-earner includes any benefit under clause (1)(b) to which the non-earner would have been entitled at the time of the accident.

Entitlement to I.R.I. after first 180 days
86(1) For the purpose of compensation from the 181st day after the accident, the corporation shall determine an employment for the non-earner in accordance with section 106, and the non-earner is entitled to an income replacement indemnity if he or she is not able because of the accident to hold the employment, and the income replacement indemnity shall be not less than any income replacement indemnity the non-earner was receiving during the first 180 days after the accident.

86(2) The corporation shall determine the income replacement indemnity referred to in subsection (1) on the basis of the gross income that the corporation determines the victim could have earned from the employment, considering

(a) whether the victim could have held the employment on a full-time or part-time basis;

(b) the work experience and earnings of the victim in the five years before the accident; and

(c) the regulations.

I.R.I. is 90% of net income
111(1) The income replacement indemnity of a victim under this Division is equal to 90% of his or her net income computed on a yearly basis.

Events that end entitlement to I.R.I. [TAB 49]

> **110(1)** A victim ceases to be entitled to an income replacement indemnity when any of the following occurs:
> …
> (e) the victim holds an employment from which the gross income is equal to or greater than the gross income on which victim's income replacement indemnity is determined;

Discussion:

Credibility and reliability

The panel considered several factors in making our assessment about credibility and reliability. These factors involved the witnesses' demeanor, their recollection of events and the consistency with which each witness described events over time. The panel weighed all of the evidence to decide whether the Appellant had proven, on a balance of probabilities, that her MVA-related injuries prevented her from holding the 180 day determined employment as a bartender.

The Appellant

The Appellant displayed emotion when describing the MVA, or when responding to certain cross-examination questions, which was understandable. She admitted she was angry, impatient and frustrated with the claims process as documented in some of the material. Nonetheless, her testimony was generally composed and straightforward. She tried her best to recall past events and admitted when she could no longer recall. She did not exaggerate or embellish facts. She did not hesitate to respond to questions despite her answers, potentially, weighing against her interest.

MPIC noted the Appellant's failure to report other injuries from slips and falls to her caregivers. The panel accepted the Appellant's explanations that either, she in fact did mention other injuries to her caregivers or she focused on describing her neck and shoulder pain, which was the purpose of the appointment. The panel did not find material inconsistencies between the Appellant's testimony and the documents, and finds that she reasonably explained relevant inconsistencies. The panel finds the Appellant's testimony credible and reliable.

[Appellant's Spouse]

[Appellant's spouse] testified on behalf of the Appellant. The panel found his testimony to be straightforward. He did not exaggerate or embellish the facts and reasonably conceded when he could not recollect certain events. His testimony was consistent with his written statement and consistent with the Appellant. The panel finds his testimony credible and reliable.

[Sports medicine physician]

[Sports medicine physician] testified on behalf of MPIC and the panel qualified him as an expert witness. The panel found his testimony fair and impartial. He did not advocate for one side or the other and he declined to offer opinions about statements made by other caregivers' that were beyond his knowledge. The panel finds his testimony credible and reliable.

Findings:

180 Day Determination

The Indexed File contains MPIC's April 27, 2010 Inter-Departmental Memorandum that sets out the Appellant's MVA and her employment history, including her promised employment at [restaurant]. Based upon the Appellant's five year work history, education and training, the Case Manager determined the Appellant into the position of Bartender NOC 6452. By decision letter dated May 13, 2010, MPIC notified the Appellant that because she was not employed at the time of the MVA she was classified a "non-earner" and based upon her five year work history and experience, MPIC would pay IRI based upon a gross yearly employment income (GYEI) of $18,720.00 in accordance with the determined employment as a bartender. This benefit would be reduced by any part-time income she received from actual employment.

The decision then incorrectly references MPIC Act s. 84 as the legislation that continues the GYEI beyond 180 days. Section 84 refers to a temporary or part-time earner and the correct references are sections 85 and 86 (non-earner). The Appellant did not dispute the Bartender determination (other than to comment that the GYEI did not account for the additional three months of income she could earn from tips.) Therefore, the bartender determination is not in issue.

Neck injury

The panel accepted the Appellant's testimony that the ongoing and current nature of her right shoulder and neck pain is genuine and was not present before the MVA. The panel accepted the opinion of [sports medicine physician] that the MVA caused the Appellant's WAD 2 injury with chronic cervical spine pain. The panel also accepted [sports medicine physician]'s statement that in addition to the above diagnosis, [physiatrist]'s findings of myofascial pain syndrome and ongoing neck muscular issues are probably causally related to the MVA.

Therefore, the panel finds that the Appellant has proven on a balance of probabilities that her WAD 2 with chronic cervical spine pain, myofascial pain syndrome and ongoing neck muscular issues were caused by her MVA.

Right shoulder

[Sports medicine physician] testified that the documented information about the Appellant's right shoulder range of motion, stability and strength was mixed and inconsistent over time. He also conceded that returning to work could have increased the Appellant's neck and shoulder symptoms. The panel finds that the medical records and MPIC's Memos document corroborate the Appellant's increased shoulder complaints in relation to increased work hours.

[Sports medicine physician] confirmed that [neurologist]'s findings of "a number of trigger points" in the Appellant's right shoulder and paraspinous cervical musculature was consistent with a WAD 2 diagnosis. He acknowledged that there was "clearly a regional discomfort around the shoulder". He testified that, in relation to the Appellant's shoulder pain, both [orthopaedic specialist] and [doctor]'s findings were consistent with either rotator cuff problems (which he ruled out based upon the Appellant's normal shoulder MRI) or cervical spine problems. Specifically, [sports medicine physician] testified their findings "could document whiplash".

[Sports medicine physician] considered [physiatrist]'s findings of right shoulder muscle tenderness to be associated with the Appellant's myofascial pain syndrome, which was consistent with her WAD 2 diagnosis. He testified to "consistent neck, shoulder girdle

pain" and despite changing range of motion evaluations, there was "a consistent message that the neck has been a consistent source of pain" with "restriction of range of motion/areas of muscle tenderness".

The panel finds that the Appellant consistently complained of both right neck and right shoulder pain since the date of her MVA. We considered the Appellant's disclosure of pre-existing right shoulder pain, but accepted the Appellant's testimony that her right shoulder pain after the MVA was qualitatively different. The panel accepted [sports medicine physician]'s testimony that 10% of victims do not recover from WAD 2 injuries and the MVA led to a permanent increase in the Appellant's shoulder pain.

The panel finds that the Appellant's MVA resulted in a WAD 2 injury and that the tenderness in her right shoulder and paraspinous cervical musculature is consistent with WAD 2. We therefore find that her right shoulder complaints associated with WAD 2 are caused by the MVA.

The panel finds that the Appellant now suffers permanent shoulder pain as a result of her WAD 2 myofascial pain/muscle tightness and she falls within the 10% of victims who do not recover as expected.

Ability to work as Bartender / Food Server

In his forensic review, [sports medicine physician] considered the medical documents on file but did not have the benefit of examining or speaking directly with the Appellant. [Sports medicine physician] is correct that the medical documentation about the Appellant's shoulder functioning varied between caregivers. They were unable to provide a clear diagnosis of her shoulder complaints and therefore he was unable to identify a clear disability. Further, he had no information about her job duties. He therefore requested that MPIC obtain either a job description or a Functional Capacity Evaluation ("FCE").

The Case Manager provided National Occupational Classification ("NOC") job descriptions when she requested the FCE. Based upon the NOC descriptions, the FCE

concluded that the Appellant met the medium strength job requirements for both food servers and bartenders. The panel accepted the Appellant's testimony that the FCE did not consider her actual job duties that involved carrying 80-pound kegs of beer and large banquet trays at shoulder level, balanced on her upturned right palm.

[Sports medicine physician] relied upon the FCE and medical documentation that the Appellant had returned to work, albeit with modified duties, when he concluded that the Appellant's injuries did not prevent her from returning to work. He conceded that the FCE may not have tested the Appellant's actual job requirements.

The panel was impressed with the Appellant's efforts to return to work at various jobs. We find that her pattern of starting and stopping employment is consistent with her attempts to work modified duties, quitting when her duties could not be modified and caused her shoulder/neck pain, then attempting to re-enter the work force. The panel acknowledges that there were also times that the Appellant missed work to care for her injured [child], but does not find that this prevented her from working as a bartender.

The panel finds that the FCE was deficient in not considering the Appellant's actual work duties. The medical documentation consistently records that the Appellant suffered pain in her right neck and shoulder, and that she reported being unable to work full-time at her employment duties because those duties aggravated her pain. The panel finds that the Appellant's MVA injuries prevented her from returning to her employment as either a bartender or food server.

Disposition:

The panel finds that the Appellant's accident-related injuries prevented her from working her determined employment as a bartender and food server. The panel therefore rescinds the December 9, 2013 Internal Review Decision.

The Appellant agreed and the panel accepted that her IRI should be determined on the basis of her determined employment as a bartender. The panel also accepted the Appellant's agreement that calculation of her IRI not include any maternity leave or her work absence to care for her father-in-law.

The panel agreed with MPIC counsel's submission that the matter be referred back to MPIC Case Management to obtain the Appellant's relevant income tax and work records to properly calculate her compensable IRI for the time period from April 10, 2011 to October 1, 2017.

Once the Appellant's file is re-opened and a case manager assigned, the panel encourages the Appellant to investigate MPIC funding that may be available for her to access remote counselling to deal with her chronic pain.

Dated at Winnipeg this 28th day of April, 2021.

PAMELA REILLY

LINDA NEWTON

SANDRA OAKLEY